

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107526489**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		15				
8		57				
9		15				
10		57				
11		15				
12		57				
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18		57				
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20		41				
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23		14				
24		41				
25		14				
26		41				
27		14				
28		61				
29		14				
30	1					
31		1				
32	1					
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49						
50						
TOTAL IND.	3					
TOTAL DEP.	29					
TOTAL CLAIMS	32					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						